

Fill in this information to identify the case:

Debtor Name EAST TOWN MANAGEMENT LLC

United States Bankruptcy Court for the _____ District of _____

Case number: 24-20856-BEH

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: MARCH

Date report filed: 04/22/2024
MM/DD/YYYY

Line of business: _____

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: CHRIS KNIGHT

Original signature of responsible party: [Signature]

Printed name of responsible party: CHRIS KNIGHT

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

- | | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☐ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☐ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ _____

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ _____

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ _____

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ _____

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ _____

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ _____

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ _____
(*Exhibit F*)

5. Employees

26. What was the number of employees when the case was filed? _____
27. What is the number of employees as of the date of this monthly report? _____

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ _____
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ _____
30. How much have you paid this month in other professional fees? \$ _____
31. How much have you paid in total other professional fees since filing the case? \$ _____

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ _____	—	\$ _____	=	\$ _____
33. Cash disbursements	\$ _____	—	\$ _____	=	\$ _____
34. Net cash flow	\$ _____	—	\$ _____	=	\$ _____
35. Total projected cash receipts for the next month:					\$ _____
36. Total projected cash disbursements for the next month:					— \$ _____
37. Total projected net cash flow for the next month:					= \$ _____

Debtor Name _____

Case number _____

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☐ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

EXHIBIT A

6. "No": The Debtor has not filed its 2023 tax returns. The Debtor's principal obtained an extension to file his individual tax return and Debtor does not file a separate return. The box was checked no since a return has not been filed but an extension was obtained.

EXHIBIT B

10. "Yes": The Debtor pre-petition accounts (9072) and (9211) with CHASE bank could not be closed because of negative balances.

Exhibit C Cash Receipts

March 2024 3/1/24-3/31/24						
Date:	Cash Amount:	Cash Received From:	Purpose of Payment:	Date Deposited to DIP:		
3/1/24	\$150 (Chk)	Opus Corporation	Door Install			
3/1/24	\$720 (MO)	2438 N. 51st St Lower	March Rent			
3/2/24	\$750 (cash)	3102 W. Scott (Manage)	March Rent			
3/2/24	\$425 (cash)	2417 W. Greenfield Lower Rear	March Rent			
3/6/24	\$570 (cash)	3419 W. Juneau Lower	March Ant			
3/6/24	\$1000 (MO)	3920 N. 22nd St.	March Rent			
3/6/24	\$425 (MO)	3920 N. 22nd St. Rear	March Rent			
3/6/24	\$640 (cash)	747 S. 23rd St. #1	Feb/march Rent			
3/6/24	\$880 (cash)	747 S. 23rd St. #3	Feb/March Rent			
				Deposited 3/6/24 Total: \$5,560.00		
3/13/24	\$675 (Chk)	3901 N. Port Washington	March Rent			
3/13/24	\$800 (Cash)	1106 S. 34th Lower (Manage)	March Rent			
3/13/24	\$600 (Cash)	1548 S. 9th St. Upper	March Rent			
3/13/24	\$600 (Cash)	1548 S. 9th Lower	March Rent			
3/13/24	\$600 (Cash)	1970 S. 15th St.	March Rent			
				Deposited 3/14/24 Total: \$3,275.00		
3/27/24	\$1995 (Chk)	12121 W. Cathedral Ave.	April Rent			
3/27/24	\$600 (Cash)	3102 W. Scott (Manage)	March Rent			
3/27/24	\$300 (Cash)	747 S. 23rd St. #1	March Rent			
3/27/24	\$440 (Cash)	747 S. 23rd St. #3	March Rent			
3/27/24	\$675 (Chk)	3901 N. Port Washington	April Rent			
3/27/24	\$87.59 (Cash)	Spring Bank	Closed East Town Account			
				Deposited 3/28/24 Total: \$4,097.59		
				Total March Receipts: \$12,932.59		

Exhibit D Disbursements

March 2024 3/1/24-3/31/24					
Date:	Amount Paid:	Paid To:	Purpose of Payment:		
3/12/24	\$35.73	Chase	Business Checks		
3/20/24	\$1,500.00	Gaplam Properties	Collected Rent from Management		
3/21/24	\$1,539.00	Chris Knight	Salary		
3/21/24	\$1,720.00	WI Real Estate Group	Collected Rent from Management		
3/21/24	\$287.51	American Family	Insurance		
3/21/24	\$193.98	American Family	Insurance		
3/22/24	\$3,000.00	GP Drywall	Work Performed Bremen		
3/25/24	\$388.00	American Family	Insurance		
3/27/24	\$171.90	American Family	Insurance		
3/27/24	\$440.81	Verizon	Cellular		
3/28/24	\$1,539.00	Chris Knight	Salary		
3/28/24	45.85	Jillys Carwash	Gas		
3/28/24	138.39	AT&T	Office Internet		
Total Disbursements:	\$15,498.17				

Exhibit E Total Payables

[illegible]

Exhibit F Money Owed to East Town

[illegible]

Projected Income (30 days)

[illegible]



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218-2051

March 01, 2024 through March 29, 2024

Account Number: [REDACTED] 3150

00005645 1 AV 00.507



00005645 DRE 121 141 09024 NNNNNNNNNNN T 1 000000000 64 090287 P4725

EAST TOWN MANAGEMENT LLC
13500 WATERTOWN PLANK RD STE 101
ELM GROVE WI 53122-2200

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
Service Center: 1-877-425-8100
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679
We accept operator relay calls



089600104370005645000100000000

Good news: We've eliminated the non-Chase ATM fee for inquiries and transfers

As of December 10, 2023, we no longer charge the \$3 transaction fee for each balance inquiry or balance transfer made at a non-Chase ATM.

We continue to charge a fee for withdrawals made at a non-Chase ATM, unless your account is eligible for a waiver.¹

Surcharge fees from the ATM owner/network may still apply. We don't charge these fees when you use a Chase ATM.

You can find the current fee schedule in the **Additional Banking Services and Fees for Business Accounts** at chase.com/business/disclosures.

If you have any questions, please call us at the number listed on this statement. We accept operator relay calls.

¹We waive this fee for Chase Business Complete Checking[®] accounts with Chase Military Banking Benefits, Chase Platinum BusinessSM Checking, Chase Performance Business Checking[®] and Chase Analysis Business CheckingSM accounts.

CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		\$0.00
Deposits and Additions	6	16,937.59
Checks Paid	5	-12,259.00
ATM & Debit Card Withdrawals	3	-625.05
Electronic Withdrawals	5	-2,578.39
Fees	2	-35.73
Ending Balance	21	\$1,439.42



March 01, 2024 through March 29, 2024
Account Number: [REDACTED] 3150

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
03/01	Deposit 2090019936	\$2,645.00
03/01	Transfer From Chk Xxxxx8007	100.00
03/06	Deposit 2046319638	5,560.00
03/14	Deposit	3,275.00
03/20	Deposit	1,260.00
03/28	Deposit	4,097.59
Total Deposits and Additions		\$16,937.59

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1041 ^		03/20	\$1,500.00
1042 ^		03/21	1,720.00
1043 ^		03/22	3,000.00
1047 * ^		03/28	1,539.00
1049 * ^		03/29	4,500.00
Total Checks Paid			\$12,259.00

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/27	Card Purchase 03/27 Vzwrllss*My Vz Vn P 800-922-0204 FL Card 8872	\$440.81
03/28	Card Purchase 03/27 Att*Bill Payment 800-288-2020 TX Card 8872	138.39
03/28	Card Purchase With Pin 03/28 Jilly's Carwash Elm Grove WI Card 8872	45.85
Total ATM & Debit Card Withdrawals		\$625.05

ATM & DEBIT CARD SUMMARY

Christopher E Knight Card 8872

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$625.05
Total Card Deposits & Credits	\$0.00

ATM & Debit Card Totals

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$625.05
Total Card Deposits & Credits	\$0.00

March 01, 2024
Account Number [REDACTED] 3150

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/21	03/21 Online Transfer To Chk ...9015 Transaction#: 20222505434	
03/21	Orig CO Name: American Family Orig ID: Pbbp075835 Desc Date: 240321 CO Entry Descr: Phone Pay Sec: Tel Trace#: 021000020616969 Eed: 240321 Ind ID: 000000028555Nzk Ind Name: Chris E Knight And Kat Tm: 0810616969Tc	\$1,539.00 287.51
03/21	Orig CO Name: American Family Orig ID: Pbbp075835 Desc Date: 240321 CO Entry Descr: Phone Pay Sec: Tel Trace#: 021000020616967 Eed: 240321 Ind ID: 000000028555Mzs Ind Name: East Town Management L Tm: 0810616967Tc	193.98
03/25	Orig CO Name: Midvale Indemnity Orig ID: 1911718107 Desc Date: CO Entry Descr: Homesite Sec: Web Trace#: 104000012721602 Eed: 240325 Ind ID: M80345587168 Ind Name: East Town Management Tm: 0852721602Tc	386.00
03/27	Orig CO Name: American Modern Orig ID: 9431262602 Desc Date: CO Entry Descr: Payment Sec: PPD Trace#: 042000012215391 Eed: 240327 Ind ID: Ind Name: East Town Management L Tm: 0872215391Tc	171.90
Total Electronic Withdrawals		\$2,578.39

FEES

DATE	DESCRIPTION	AMOUNT
03/12	Orig CO Name: Check OR Supply Orig ID: 1410216800 Desc Date: 240308 CO Entry Descr: Order Sec: PPD Trace#: 042000016755780 Eed: 240312 Ind ID: Ind Name: East Town M LLC Tm: 0726755780Tc	\$30.00
03/29	Cash Deposit Immediate	5.73
Total Fees		\$35.73

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
03/01	\$2,745.00	03/20	11,310.00	03/27	3,570.80
03/06	8,305.00	03/21	7,569.51	03/28	5,945.15
03/12	8,275.00	03/22	4,569.51	03/29	1,439.42
03/14	11,550.00	03/25	4,183.51		

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

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JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218-2051

March 01, 2024
Account Number [REDACTED] 007

00005678 1 AV 00.507



00005678 DRE 121 141 09024 NNNNNNNNNN T 1 000000000 64 560387 P4725

EAST TOWN MANAGEMENT LLC
13500 WATERTOWN PLANK RD STE 101
ELM GROVE WI 53122-2200

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
Service Center: 1-877-425-8100
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679
We accept operator relay calls



089600104370805678000100000000

CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		\$100.00
Other Withdrawals	1	-100.00
Ending Balance	1	\$0.00

How to Avoid the Monthly Service Fee (MSF)

If you meet any of the following qualifying activities for this Chase Business Complete CheckingSM account in a statement period, we will waive the \$15 MSF.

Here's the business activity we used to determine if you qualified for the MSF waiver:

- \$2,000 Minimum Daily Ending Balance: Your lowest daily ending balance was \$0.00.
- \$2,000 Chase Payment SolutionsSM Activity: \$0.00 was deposited into this account.
- \$2,000 Chase Ink[®] Business Card Activity: \$0.00 was your total Ink activity.

You can also avoid the MSF if you:

- Maintain a linked Chase Private Client CheckingSM account OR
- Meet Chase Military Banking requirements

For complete details on all requirements to avoid the MSF, please review the Additional Banking Services and Fees for Business Accounts at chase.com/business/disclosures or visit a Chase branch.

Please note that this account was closed on 03/01/24.

OTHER WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/01	03/01 Transfer To Chk Xxxx3150	\$100.00
Total Other Withdrawals		\$100.00

DAILY ENDING BALANCE

DATE	AMOUNT
03/01	\$0.00



March 01, 2024
Account Number: [REDACTED] 024
[REDACTED] 3007

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

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JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

March 01, 2024 to [REDACTED] 24
Account Number: [REDACTED] 9072

00002027 DRE 121 211 09024 NNNNNNNNNN 1 000000000 60 0000
EAST TOWN MANAGEMENT LLC
PO BOX 11362
SHOREWOOD WI 53211

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
Service Center: **1-877-425-8100**
Para Espanol: 1-888-622-4273
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Good news: We've eliminated the non-Chase ATM fee for inquiries and transfers

As of December 10, 2023, we no longer charge the \$3 transaction fee for each balance inquiry or balance transfer made at a non-Chase ATM.

We continue to charge a fee for withdrawals made at a non-Chase ATM, unless your account is eligible for a waiver.¹

Surcharge fees from the ATM owner/network may still apply. We don't charge these fees when you use a Chase ATM.

You can find the current fee schedule in the **Additional Banking Services and Fees for Business Accounts** at chase.com/business/disclosures.

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¹We waive this fee for Chase Business Complete Checking[®] accounts with Chase Military Banking Benefits, Chase Platinum BusinessSM Checking, Chase Performance Business Checking[®] and Chase Analysis Business CheckingSM accounts.

CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		-\$832.33
Deposits and Additions	2	119.19
ATM & Debit Card Withdrawals	1	-10.78
Electronic Withdrawals	1	-37.29
Fees	2	-49.00
Ending Balance	6	-\$810.21

Your Monthly Service Fee was \$15 this statement period.



March 01, 2024 to [REDACTED] 2024
Account Number: [REDACTED] 9072

How to Avoid the Monthly Service Fee (MSF)

If you meet any of the following qualifying activities for this Chase Business Complete CheckingSM account in a statement period, we will waive the \$15 MSF.

Here's the business activity we used to determine if you qualified for the MSF waiver:

- \$2,000 Minimum Daily Ending Balance: Your lowest daily ending balance was -\$899.40.
- \$2,000 Chase Payment SolutionsSM Activity: \$0.00 was deposited into this account.
- \$2,000 Chase Ink[®] Business Card Activity: \$0.00 was your total Ink activity.

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DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
03/01	Fee Reversal	\$15.00
03/13	Orig CO Name: American Family Orig ID: 9184078300 Desc Date: 240312 CO Entry Descr: Digtl Disbsec: PPD Trace#: 021000024519973 Eed: 240313 Ind ID: Ind Name: Authorized By Customer Trn: 0734519973Tc	104.19
Total Deposits and Additions		\$119.19

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/01	Recurring Card Purchase 03/01 Apple.Com/Bill 866-712-7753 CA Card 5270	\$10.78
Total ATM & Debit Card Withdrawals		\$10.78

ATM & DEBIT CARD SUMMARY

Christopher E Knight Card 5270

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$10.78
Total Card Deposits & Credits	\$0.00

ATM & Debit Card Totals

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$10.78
Total Card Deposits & Credits	\$0.00

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/04	Orig CO Name: American Family Orig ID: Lfxd075075 Desc Date: 240228 CO Entry Descr: Life Prem Sec: PPD Trace#: 021000027292455 Eed: 240301 Ind ID: Ind Name: Chris E Knight Trn: 0617292455Tc	\$37.29
Total Electronic Withdrawals		\$37.29



March 01, 2024 through March 29, 2024
Account Number: [REDACTED] 9072

FEES

DATE	DESCRIPTION	AMOUNT
03/04	Overdraft Fee For A \$10.78 Recurring Card Purchase - Details: 0301 Apple.Com/Bill 866-712-7753 CA 0#####5270 00	\$34.00
03/29	Monthly Service Fee	15.00
Total Fees		\$49.00

DAILY ENDING BALANCE

DATE	AMOUNT
03/01	-\$828.11
03/04	-899.40
03/13	-795.21
03/29	-810.21

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For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC





March 01, 2024 to [REDACTED] 2024
Account Number: [REDACTED] 9072

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JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

March 01, 2024
Account Number: 29211

00012807 DRE 121 211 09024 NNNNNNNNNN 1 000000000 63 0000
EAST TOWN MANAGEMENT LLC
PO BOX 11362
SHOREWOOD WI 53211-0362

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
Service Center: 1-877-425-8100
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679
We accept operator relay calls



Good news: We've eliminated the non-Chase ATM fee for inquiries and transfers

As of December 10, 2023, we no longer charge the \$3 transaction fee for each balance inquiry or balance transfer made at a non-Chase ATM.

We continue to charge a fee for withdrawals made at a non-Chase ATM, unless your account is eligible for a waiver.¹

Surcharge fees from the ATM owner/network may still apply. We don't charge these fees when you use a Chase ATM.

You can find the current fee schedule in the **Additional Banking Services and Fees for Business Accounts** at chase.com/business/disclosures.

If you have any questions, please call us at the number listed on this statement. We accept operator relay calls.

¹We waive this fee for Chase Business Complete Checking[®] accounts with Chase Military Banking Benefits, Chase Platinum BusinessSM Checking, Chase Performance Business Checking[®] and Chase Analysis Business CheckingSM accounts.

CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		\$14.35
Fees	1	-15.00
Ending Balance	1	-\$0.65

Your Monthly Service Fee was \$15 this statement period.

How to Avoid the Monthly Service Fee (MSF)

If you meet any of the following qualifying activities for this Chase Business Complete CheckingSM account in a statement period, we will waive the \$15 MSF.

Here's the business activity we used to determine if you qualified for the MSF waiver:

- \$2,000 Minimum Daily Ending Balance: Your lowest daily ending balance was \$14.35.
- \$2,000 Chase Payment SolutionsSM Activity: \$0.00 was deposited into this account.
- \$2,000 Chase Ink[®] Business Card Activity: \$0.00 was your total Ink activity.

You can also avoid the MSF if you:

- Maintain a linked Chase Private Client CheckingSM account OR
- Meet Chase Military Banking requirements

For complete details on all requirements to avoid the MSF, please review the Additional Banking Services and Fees for Business Accounts at chase.com/business/disclosures or visit a Chase branch.



March 01, 2024 through March 31, 2024
Account Number: [REDACTED] 9211

FEES

DATE	DESCRIPTION	AMOUNT
03/29	Monthly Service Fee	\$15.00
Total Fees		\$15.00

DAILY ENDING BALANCE

DATE	AMOUNT
03/29	-\$0.65

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

March 01, 2024
Account Number: 9211

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
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Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679
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00012807 DRE 121 211 09024 NNNNNNNNNN 1 000000000 63 0000
EAST TOWN MANAGEMENT LLC
PO BOX 11362
SHOREWOOD WI 53211-0362



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CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		\$14.35
Fees	1	-15.00
Ending Balance	1	-\$0.65

Your Monthly Service Fee was \$15 this statement period.

How to Avoid the Monthly Service Fee (MSF)

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- Meet Chase Military Banking requirements

For complete details on all requirements to avoid the MSF, please review the Additional Banking Services and Fees for Business Accounts at chase.com/business/disclosures or visit a Chase branch.



March 01, 2024 thr 24
Account Number: 211

FEES

DATE	DESCRIPTION	AMOUNT
03/29	Monthly Service Fee	\$15.00
Total Fees		\$15.00

DAILY ENDING BALANCE

DATE	AMOUNT
03/29	-\$0.65

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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